



# DERMATOLOGY SERVICES QUESTIONNAIRE

**Open 24 hours 7 days a week!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Pet: \_\_\_\_\_ Species: Canine Feline Other  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Sex: Male Female Neutered Spayed

### GENERAL HISTORY

Environment: Indoor Outdoor Both Walked outside of home  
 Diet/Treats(include brands): \_\_\_\_\_  
 Other pets: Cats Dogs Other  
 Other medical problems: \_\_\_\_\_  
 \_\_\_\_\_  
 Current medications (including heartworm, vitamins and supplements): \_\_\_\_\_  
 \_\_\_\_\_

### DERMATOLOGIC HISTORY

What were the first signs? Itching Red Skin Hair Loss Rash Bumps Scaling Other: \_\_\_\_\_  
 Age problem first started: \_\_\_\_\_ Sudden onset? Yes No  
 On which part of the body did the problem begin? Face Ears Neck Chest Armpits Legs Feet Abdomen  
 Rump Tail Other: \_\_\_\_\_  
 Does your pet itch? Yes No Sites: Face Ears Neck Chest Armpits Legs Feet Abdomen Ramp Tail  
 Other: \_\_\_\_\_  
 Has your pet had ear problems? Yes No  
 Do other household pets or people have skin problems? Yes No If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

Previous veterinary treatment for these problems:

Medication	Dates	Effect
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bathing:

Frequency \_\_\_\_\_ Date of Last Bath \_\_\_\_\_ Shampoo \_\_\_\_\_

Flea Control:

Pets	Products	Frequency of Application
_____	_____	_____
_____	_____	_____
_____	_____	_____

When did you last see fleas? \_\_\_\_\_

Cortisone History: Date of last cortisone (steroid, prednisone, vetalog, depomedrol) Injection? \_\_\_\_\_ Pill? \_\_\_\_\_